



Support for HB 2697

2/28/2023

To: Chair Nosse, Vice Chairs Nelson and Goodwin, and Committee Members

From: Allison Seymour, Board Secretary, Oregon Nurses Association

Re: Support to Bill HB 2697

Dear Chair Nosse:

Hello, my name is Allison Seymour I am a Registered Nurse, Certified Med Surg RN. I serve on the Oregon Nurses Association Board of Directors as Secretary. I have been a nurse for the past seven years living in Salem, OR.

Nurses have persevered during the pandemic, but we are scarred. Many of us have suffered significant levels of mental and physical fatigue, exhaustion, moral distress, and burnout. I endured several years on a challenging medical telemetry unit that ended up caring for patients with covid.

Today I share my story of how poor staffing and burnout forced me leave the bedside.

Even though I left the bedside over a year ago I am still experiencing symptoms, having nightmares about the people that were not saved, their faces are imprinted in my mind. I still wrestle with images of seeing the exhaustion and tears in my coworker's eyes. Looks of fatigue and hopelessness that staffing conditions won't improve.

The extreme stress, lack of meal and rest breaks, staffing uncertainty, shortages, and not staffing to acuity nor intensity per current staffing law have a price.

As stated, some consequences of burnout can include high turnover rates, poor patient outcomes, increased costs, and clinician illness and suicide. I myself, felt exhausted, demoralized, worthless, gaslighted, then I felt numb, apathetic and suicidal.

The most traumatic shifts that triggered my burnout were when we understaffed.

I developed overwhelming anxiety tiring to juggle an unsafe workload, safe medication administration, tiring to care for everyone at once, with the care and time they needed. I felt like my license was in jeopardy.

When understaffed it was challenging to coordinate cares so patients could get their basic needs met, delays getting meals, going to the bathroom, missed baths. I recently talked to a patient that was in the hospital for a week and didn't receive a single warm meal. If we can't provide a warm meal, how is the patient to trust in the medical care they receive?

I felt guilty when there were delays in care and missed care. I would go home wondering if my patients were going to survive the night.

I vividly remember promising a family member that I would be at the bedside to comfort their mother while she died, but due to poor staffing I had to pick up another patient who started having chest pain. While I helped that patient the other woman died alone.



Another shift my charge nurse was so stressed that he developed chest pain and had to leave and go to the emergency department himself.

When administration denied staffing requests it made me feel like my safety was worth nothing. Worthlessness led to depression. I remember driving home after work thinking about driving off the overpass. Last spring, I had a panic attack during a memorial for nurses that had passed due to illness or suicide. It happened because I was close to being one of them.

When nurses can't provide the care that patients deserve or when negative outcomes like falls, errors and preventable deaths occur, it affects us. It has certainly affected me, and my decision to leave the bedside.

Nurses professionally excel at emotional composure. Under extreme stress and in emergency. We act calm to calm patients. When we clean a wound or provide intimate patient care. If it smells or if it is what others would consider gross, we control our facial expressions to maintain the patient's dignity and express empathy.

I was told I can't cry at the nurse's station. When I broke emotionally due to the stress and strain of my workload. Management didn't want visitors and other healthcare professionals to see the stress that we were under.

But we have reached our limit. It is evident by the emotional testimony presented in support of this bill. We can no longer suppress our feelings. It's difficult to regulate strong feelings when put under pressure for so long. When we see how it dramatically impacts our colleagues across the state. I have heard horror stories from nurses across the and that has impacted my decision to not apply to work at certain hospitals.

HB 2697 would provide a safety net that would allow bedside nurses the ability to raise safety concerns without fear of retaliation. The nurse-to-patient ratios would be specific to the level of care required on specific units. The law would not restrict nursing judgement to adjust nursing assignments to account for acuity and intensity. Collaboration within the staffing committee would still be encouraged and the addition of staffing committees for other health care workers would provide a formal process for them to collaborate with management. One thing to remember is that taking care of patients takes teamwork. It takes multiple nurses to run a code, and multiple nurses to turn an obese patient, multiple people to deescalate a violent patient. During a shift nurses and other health care workers often provide care for not just their assigned patients.

Yes, nurses do make a good wage. It's not about the money. It's about patient and staff safety. If you notice, we are not asking for pay increases or bonuses. We are asking for safety. I resigned because I could no longer trust the working conditions with my health, license, or life. But I want to return to the job I once loved.

I urge your eye vote in support of HB 2697. In hopes that we can make improvements so I and other nurses will return to the bedside.

Sincerely,

Allison Seymour, BSN, RN, CMSRN

